Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled Yes Yes Average Daily Census: 19

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No Yes	Primary Diagnosis	% 	Age Groups		Less Than 1 Year 1 - 4 Years	75. 0 25. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	0. 0
Day Servi ces	No	Mental Illness (Org./Psy)	30. 0	65 - 74	0. 0		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	15. 0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	65. 0	****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	20. 0	Full-Time Equivaler	ıt
Congregate Meals	Yes	Cancer	0. 0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	5 . 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	35. 0	65 & 0ver	100. 0	[
Transportation	No	Cerebrovascul ar	15. 0			RNs	12. 0
Referral Service	No	Diabetes	5 . 0	Sex	%	LPNs	11. 5
Other Services	No	Respi ratory	5 . 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	5 . 0	Male	20. 0	Aides & Orderlies	33. 5
Mentally Ill	No			Female	80. 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
**********************	*****	*******************************	******	************	******	*************************	*******

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay]	Manageo	l Care		Percent
			Per Diem	l		Per Die	m		Per Dien	1		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	2	100. 0	\$335. 60	4 :	100. 0	\$119. 29	Ŏ	0. 0	\$0.00	6		\$144.00	Ŏ	0. 0	\$0.00	12	60. 0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	1	7. 1	\$200.00	0	0.0	\$0.00	1	5.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	6	42. 9	\$130.00	0	0.0	\$0.00	6	30.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	1	7. 1	\$165.00	0	0.0	\$0. 00	1	5. 0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	2	100. 0		4	100. 0		0	0.0		14	100.0		0	0. 0		20	100.0%

County: Dane REST HAVEN HEALTH CARE CENTER LLC ***********************************	****	********	*****	Facilit	y ID: 7860	*****	*****	Page 2
Admissions, Discharges, and	J	Percent Distribution	of Residents'	Condi ti	ons, Servi ces	, and Activities as o	f 12/31/00	
Deaths During Reporting Period	Į							
Donor and Admit and any Comme		A -+!! +! C	0/		Needi ng	0/ T-+-11	Tot	
Percent Admissions from:		Activities of			sistance of	% Totally	Numbe	
	2. 9	Daily Living (ADL)	Independent	Une	Or Two Staff	Dependent	Resid	ents
	2. 9	Bathi ng	0.0		75. 0	25. 0	20	
	0.6	Dressing	30. 0		60. 0	10. 0	20	
	1.8	Transferring	45. 0		40. 0	15. 0	20	
	2. 9	Toilet Use	45. 0		45. 0	10. 0	20 20	
	0.0	Eating	85. 0	***	10.0	5. 0	20	***
	3. 8 34	C+*	****	0/		+	****	ጥጥጥጥጥጥ በ/
	34	Continence	1 C-+1-+	%	Special Trea		0	%
Percent Discharges To:		Indwelling Or Externa		0.0		Respiratory Care		. 0
	0.0	Occ/Freq. Incontinent		65. 0	Recei vi ng	Tracheostomy Care		. 0
	3.8	Occ/Freq. Incontinent	or power	30. 0	Recei vi ng	Suctioning of	õ	. 0
0 1 1 1	3. 1	W-1-1114				Ostomy Care		. 0
	9.4	Mobility		7 0		Tube Feeding		. 0
	3. 3). 0	Physically Restrained		5. 0	kecei vi ng	Mechanically Altered	Diets 20	. U
		Chi - Cana			Other Dealds	nt Characteristics		
	2. 5	Skin Care		F 0			00	0
	0. 0	With Pressure Sores		5. 0 5. 0	Medications	ce Directives	90	. U
Total Number of Discharges	32	With Rashes		5. U		Darrahanatira Darra	70	0
(Including Deaths)	ひん *****	*******	*********	******	kecei vi ng	Psychoactive Drugs	70 ******	. U *****

		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	This Proprietary		Unde	Under 50		Skilled		
	Facility	acility Peer Group		Peer	Group	Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90. 5	82. 5	1. 10	87. 9	1. 03	84. 1	1. 08	84. 5	1.07
Current Residents from In-County	90. 0	83. 3	1. 08	72. 9	1. 24	83. 5	1. 08	77. 5	1. 16
Admissions from In-County, Still Residing	38. 2	19. 9	1. 92	31. 0	1. 23	22. 9	1. 67	21. 5	1. 78
Admissions/Average Daily Census	178. 9	170. 1	1. 05	70. 7	2. 53	134. 3	1. 33	124. 3	1.44
Discharges/Average Daily Census	168. 4	170. 7	0. 99	76. 4	2. 20	135. 6	1. 24	126. 1	1.34
Discharges To Private Residence/Average Daily Census	31. 6	70.8	0. 45	14. 6	2. 16	53. 6	0. 59	49. 9	0. 63
Residents Receiving Skilled Care	60. 0	91. 2	0. 66	86. 1	0. 70	90. 1	0. 67	83. 3	0. 72
Residents Aged 65 and Older	100	93. 7	1. 07	97. 8	1.02	92. 7	1. 08	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	20. 0	62. 6	0. 32	59. 8	0. 33	63. 5	0. 31	69. 0	0. 29
Private Pay Funded Residents	70. 0	24. 4	2. 87	37. 1	1.89	27. 0	2. 59	22. 6	3. 10
Developmentally Disabled Residents	0. 0	0.8	0.00	1.4	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	30. 0	30. 6	0. 98	36. 6	0.82	37. 3	0.80	33. 3	0. 90
General Medical Service Residents	5. 0	19. 9	0. 25	13. 0	0. 38	19. 2	0. 26	18. 4	0. 27
Impaired ADL (Mean)	37. 0	48. 6	0. 76	50. 6	0. 73	49. 7	0.74	49. 4	0. 75
Psychological Problems	70. 0	47. 2	1. 48	63. 4	1. 10	50. 7	1. 38	50. 1	1.40
Nursing Care Required (Mean)	5. 0	6. 2	0. 81	8. 0	0. 62	6. 4	0. 78	7. 2	0. 70